

# COURSE VERIFICATION / CEU CERTIFICATE REPLACEMENT

## Office of Workforce Development & Training

Name \_\_\_\_\_  
(at the time of the course)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course \_\_\_\_\_

Location \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

Send application and **\$10.00** check or money order for each course search requested. Make check or money order payable to **Behavioral Health Administration**. The fee is for each file searched whether or not a certificate is awarded.

Mail to: **ATTN: Fiscal**  
c/o Office of Workforce Development & Training  
Behavioral Health Administration  
Dix Building  
55 Wade Avenue  
Catonsville MD 21228  
Office: [410-402-8575](tel:410-402-8575)